Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

	-			-	1	-				_	_				WIGT	_	—	
Filer Identificat Number :	ion 2022	2C0708			Repo Filed		:	CANDI	DATE	✓	c	OMMITTEE		LOB	BYIST			
Name of Filing	Committee, Candid	late or Lo	obbyist:		GREE	N, G	SWE	NDOLYN	VERON	IICA								
Street Address:																		
City:								State:				Zip Cod	Zip Code: 19132					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.		0 DA RIMA		POST-	3.		AMENDMI REPORT?	ENT	Yes	No)	</td	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRI	E- 5.						TERMINATION Yes No REPORT?)	<			
report type)	ANNUAL REPORT	7.	Year 2022					IG METHO				PAPER		\checkmark	DISKE	TTE		
Name of Office	L Sought by Candida	ite:						DATE O	F ELEC	CTIO	N	District Number	Office Code	Par	ty Code	Coun Code		
								мо	DAY	YE	AR	190	STH	DEN	1			
REPRESENTAL	IVE IN THE GENEI	KAL ASSI	EMBLY					11		8	2022		(SEE INS	TRUCTI	ONS FOR	CODES)		
Summary of	2			мо	DAY	YE	AR	FOI	R OFFIC	e use	ONLY							
Expenditures	s from:	1	.0 25	2	022	то)	11	2	8	2022						_	
A. Amount Bro	ought Forward Fro	m Last Re	eport				\$				0.00							
B. Total Monet	ary Contributions	And Rece	eipts (From	n Sche	dule I))	\$	\$ 0.00										
C. Total Funds	Available (Sum O	f Lines A	and B)				\$				0.00							
D. Total Expen	ditures (From Sch	edule III	[)				\$				0.00							
E. Ending Cash	n Balance (Subtrac	t Line D I	From Line	C)		_	\$			3	35.00	-						
	Kind Contribution		-		le II)	_	\$		0.00									
G. Unpaid Deb	ts And Obligations	(From S	chedule IV	')			\$				0.00						_	
				AFF	IDAV	/IT	SE	CTION										
	s a Committee rep													dadaa	and hali	-f +		
correct and compl		luaing the	attached sci	neaule	s filed o	n pa	iper o	or by elect	ronic me	aium,	are to	the best of	ту кпом	leage	and dei	er, tru	ie,	
Sworn to and subs	scribed before me thi day of 	s	20							Si	gnaturo	e of Person	Submitt	ing Rep	ort		-	
	Signatu	ire										Print	ed Name				-	
My Commission E	xpires											Email					-	
	МО	DA	NY	YR					Are	a Cod	9	Daytime	e Telepho	one Nu	mber		\square	
Part II- If this is	a report of a can	didate's a	authorized	Comr	nittee,	Can	ndida	ate shall	sign he	re.								
No 320) as amend		ny knowle	dge and beli	ef this	s politica	al co	ommi	ittee has n	ot violat	ed any	/ provis	ions of the	act of Ju	ne 3,19	937 (P.I	. 1333	v	
Sworn to and subse	cribed before me this day of		20								s	ignature of	^F Candida	te			-	
												Printed	l Name				-	
My Commission Ex	Signature pires											Email					-	
	мо	DA	λY	YR	ł				Area	Code		Da	ytime Te	lephon	e Numt	er	-	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reportin	g Period		
GREEN, GWENDOLYN VERONICA	From:	<u>10/25/2</u>	<u>022</u> To:	<u>11/28/2022</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reportin	g Period	(1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	0.00
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reportin	g Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reportin	g Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E				
TOTAL for the Reportin	g Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add a totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover P			\$	0.00

PART A CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate				orting I	Period				
					From: To:				
		·			DATE			AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4	4)						
Г								PAGE TOTAL	
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.							\$	0.00	

PART B ALL OTHER CONTRIBUTIONS \$50.01 TO \$250.00 Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part A)								
Name of Filing Committee or Candida	te		Rep	orting P	eriod			
			Fror	m:		Тс):	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address		_					\$	0.00
City State Zip Code (Plus 4)								
								PAGE TOTAL
Enter Grand Total of Part A on	Schedule I, Detail	ed Summary Pag	je, Se	ection 2			\$	0.00

PART C Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate			Reporting Period						
						То:			
				DA	TE			AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.00	
Mailing Address							- \$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Sched	age, Sectio	n 3.			\$	0.00			

PART D ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of

over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate				orting Pe	riod			
F					From:			
				D	ATE		АМ	IOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Pl	ıs 4)					
Employer Name				Occupation				
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page	e, Sectio	on 3.			P#	AGE TOTAL 0.00

PART E **OTHER RECEIPTS**

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC. Use this Part to report refunds received, interest earned, returned checks and

prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate			Report	ing Perio	d			
			From:			То:		
				D	ATE		AMOUNT	
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Plus 4)					
Receipt Description	•				•			
		_	o .:				PAGE TO	TAL
Enter Grand Total of Part E on Scheo	iule I, Detailed Sum	imary Page,	Section	4.			\$	0.00

SCHEDULE II IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS

DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Perio	d	
GREEN, GWENDOLYN VERONICA	From:	<u>10/25/2022</u> To:	<u>11/28/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Re			Reporting	Period	·			
F						То:		
				DATE			AMOUNT	
Full Name of Contributor				DAY	YEAR			
Mailing Address		_				7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:			1					
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,		PAGE TOTA	AL.
						\$		0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate				porting I	Period			
						То:		
					DATE		AMOUNT	
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$ 0.00	
City	State	Zip Code(Plus 4)						
Employer of Contributor		•		Occupa	ation			
Employer Mailing Address/Principal Plac	e of Business	City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution	
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-Kind	d Contributions D	etaile	d			PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period						
	From T				То:		
				DATE			AMOUNT
To Whom Paid	To Whom Paid						
Mailing Address						\$	0.00
City State Zip Code (Plus 4)				tion of Exp	enditure		
Enter Grand Total of Expenditures of	<u> </u>				PAGE TOTAL		
	n Page 1, Report C	lover Page, Item L				\$	0.00